

CHILD SUPPORT

3

To Change an Existing Court Order 15% or more Increase or Decrease

Part 3: Objecting and Requesting a Court Hearing
(Simplified Process)
(Forms Packet)



SELF SERVICE CENTER

TO MODIFY/CHANGE A COURT ORDER FOR CHILD SUPPORT (Simplified Process)

PART 3: OBJECTING AND REQUESTING A COURT HEARING (Forms Only)

How to assemble these documents

This packet contains court forms to file an ***“Objection/Response to a Request to Modify a Court Order for Child Support --Simplified Process.”*** Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRMSS3ft	Table of instructions in this packet	1
2	DRMSS3k	Checklist for filing	1
3	DRMSS31f	<i>“Request for Hearing”</i> and <i>“Notice of Hearing”</i>	2
4	DRS12f	<i>“Parent’s Worksheet”</i>	7
5	DRS81f	<i>“Child Support Order”</i>	4
6	DRS82f	<i>“Order of Assignment”</i>	1
7	DRS88f	<i>“Current Employer Information Sheet”</i>	1
8	DRS89f	<i>“Judgment Data Sheet”</i>	1

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SELF SERVICE CENTER
RESPONSE TO PETITION
TO MODIFY CHILD SUPPORT ORDER
(Simplified Process)

CHECKLIST

USE THE FORMS and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ The other party filed a ***“Request to Modify Child Support Pursuant to Guidelines (Simplified Procedure),” AND***
- ✓ You want to have a hearing to explain your position.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

1) Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime / Evening Phone: _____ / _____
Person Filing Document is: ☐ Self or Attorney for ☐ Plaintiff ☐ Respondent
(If Attorney) State Bar No.: _____ Atty. Phone: _____

SUPERIOR COURT OF ARIZONA IN _____ COUNTY(2)

_____(3)
Petitioner

Case Number: _____ (5)

**REQUEST FOR HEARING
AND NOTICE OF HEARING
(Simplified Procedure)**

_____(4)
Respondent

A Request to Modify (change) Child support pursuant to the guidelines' simplified procedure has been filed.

The information provided on the **"Parent's Worksheet"** that was the basis for the request to modify (change) child support is not accurate. I am attaching the required completed **"Parent's Worksheet"** that shows what I believe to be accurate information. I request that a hearing be set so that I can explain to the judge or commissioner my position. I further request that costs and fees incurred in responding to this matter be ordered to be paid by the other party.

☐ **Counter Petition – I further request** THE CHILD SUPPORT ORDER BE MODIFIED TO AN AMOUNT DIFFERENT FROM THE REQUEST MADE BY THE OTHER PARTY.

I have read this document and the information is true and correct to the best of my knowledge.

(6) Dated: _____
Requesting Party

STATE OF ARIZONA)
) ss.
County of)

Subscribed and sworn or affirmed and acknowledged before me this date: _____

Notary Expiration Date

Notary Public or Clerk

NOTICE OF HEARING

The above verified Request for hearing having been filed, this matter shall be heard:

(7) DATE AND TIME: _____ at _____
(Date) (Time)

PLACE: _____

If either party fails to appear at the hearing after proper notice, the court will take evidence from the party who does appear and make a decision based on the information provided in the Request to Modify (Change) Child Support, Request for Hearing, and any oral testimony.

Dated: _____

Upon receipt of the hearing date, I will immediately mail a copy of this Request for Hearing and Notice of Hearing to the other party, or such person's attorney as follows:

(8) Name: _____
Address: _____

If one of the parties is using the child support services of the Department of Economic Security, I will also immediately mail a copy of this Request for Hearing and Notice of Hearing to:

Department of Economic Security
Child Support Enforcement
Attn: Modification, Maricopa County
P.O. Box 40458
Phoenix, Arizona 85067

(9)
Dated: _____
(Requesting Party)

NOTICE TO PARTIES

An arrearage calculation may be completed on your case. If it is determined that there is an over payment or an arrearage owing, the monthly obligation could be adjusted to bring your case current.

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Daytime Phone: _____
Evening Phone: _____
Representing: ☐ Self ☐ Attorney
State Bar Number: _____

SUPERIOR COURT OF ARIZONA
IN _____ (2) COUNTY

(3) _____)
Petitioner/Plaintiff,)
_____))
_____))
DOB _____ SSN _____)
VS. _____)
_____))
(4) _____)
Respondent/Defendant,)
_____))
_____))
DOB _____ SSN _____)

Case No. (5) _____

ATLAS No. _____

**PARENT'S WORKSHEET
FOR CHILD SUPPORT AMOUNT**

Prepared By:
(6) ☐ Father ☐ Mother
☐ Court ☐ State

MONTHLY GROSS INCOME

Total Monthly Gross Income

(7) Estimated/Attributed to: ☐ Father ☐ Mother
(Explanation is required on the sheets following
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father

Mother

_____ (8) _____

ADJUSTMENTS TO MONTHLY GROSS INCOME

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid _____ (9) _____

Court-Ordered Child Support Actually Paid or _____ (10) _____

Contributed for Children of Other Relationships _____ (11) _____

Cost of Supporting Children of Other Relationships _____ (12) _____
(Explanation is required on the sheets following the
signature page at Item 11)

Adjusted Monthly Gross Income for Each Parent _____ (12) _____
(add or subtract lines 9 through 11 from line 8)

COMBINED ADJUSTED MONTHLY GROSS INCOME

Add both amounts from line 12 together.

(13) _____

Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

BASIC CHILD SUPPORT OBLIGATION

Number of children for whom support is requested: (14) _____
provide details on the sheets following the
signature page at Item 14)

Basic Child Support Obligation (from the Schedule) (15) _____

ADJUSTMENTS FOR NECESSARY EXPENSES

You may need to complete items 30-31; (Explanation is required
on the sheets following the signature page.)

	<u>Father</u>	<u>Mother</u>
Medical/Dental Insurance Costs for Children	_____ (16)	_____
Child Care Costs	_____ (17)	_____
Adjusted for Tax Credit	_____ (17a)	_____
Extra Education Costs	_____ (18)	_____
Extraordinary/Special Needs Child Costs	_____ (19)	_____
Court-Ordered Visitation/Exchange Costs	_____ (20)	_____
Number of Child(ren) 12 and Over _____ 0 - 10% _____	(21)	_____
Total Adjustments for Necessary Expenses	(22)	_____

TOTAL CHILD SUPPORT OBLIGATION

Total Child Support Obligation (add lines 15 and 22) (23) _____

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parents' Adjusted gross income (from line 12)	_____ (24)	_____
Combined adjusted gross income (from line 13)	_____ (25)	_____
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____ % (26)	_____ %

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION

Calculate for each parent:

Total child support obligation (from line 23)	_____ (27)	_____
Percentage of combined adjusted gross income (from line 26)	_____ % (28)	_____ %

Percentage TIMES the total obligation EQUALS the amount of the parent's support obligation _____ (29) _____

COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:

Father

Mother

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days _____ Per year (Explain on page 7)

Visitation Table Percentage _____ X Line 15 = _____ (30) _____

MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT

Enter the monthly amount of the medical/dental insurance premium paid directly to an insurance carrier by the non-custodial parent (from line 16) [Guidelines 11] _____ (31) _____

CHILD CARE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for work-related child care. (From line 17a) _____ (31) _____

EXTRA EDUCATION ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for extra education costs agreed upon by both parents or ordered by the court. (From line 18) _____ (31) _____

EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with special needs of gifted or handicapped children. (From line 19) _____ (31) _____

COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with court-imposed supervised exchanges. (From line 20) _____ (31) _____

ADJUSTMENTS SUBTOTAL

Add lines 30 and 31. _____ (32) _____

PRELIMINARY CHILD SUPPORT AMOUNT

Deduct line 32 from line 29. _____ (33) _____

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL

Father

Mother

Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.

_____ (34) _____

MULTIPLE CHILDREN, DIVIDED CUSTODY

Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page.

_____ (35) _____

SELF-SUPPORT RESERVE TEST

Paying parent's Adjusted Gross Income from line 12

_____ (12) _____

Minus reserve

(\$710) (36a) (\$710)

Minus arrears

() (36b) ()

RESULT

_____ (37) _____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY
BASED ON THESE CALCULATIONS**

Enter the lesser of the amounts shown on line 33, 34, 35 or 37.

_____ (38) _____

DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT

If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.

_____ (39) _____

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page.

_____ **(40)** _____

Mother

Percentage of uninsured medical expenses that each parent should pay. _____ **(41)** _____

Date _____ Signature of Person Filing _____ (42)

State of Arizona)
) ss. Acknowledged before me on this date: _____
County of _____)

My Commission Expires: _____
Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by _____.

Date: _____

Attorney Filing

(7) Estimated/Attributed Income - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

(11) Cost of Supporting Children of Other Relationships - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

(11 – cont.) Name(s)

Date(s) of Birth(s)

Social Security Number(s)

(14) Children for whom Support is Requested - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)

Date(s) of Birth

12 or over
Y / N

Social Security Number(s)

(17) Child Care Costs - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

Custodial Parent

Monthly Child
Care Costs

X

Number
of months

= Annual
Cost

X .75

= Adjusted
Cost

÷ 12 =

Adjusted
Monthly Cost

X

_____ =

X .75

= _____

÷ 12 =

Non-custodial Parent

Monthly Child
Care Costs

X

Number
of months

= Annual
Cost

÷ 12 =

Adjusted
Monthly Cost

X

_____ =

÷ 12 =

(21) Child 12 and Over - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

(30) Adjustment for Costs Associated with Visitation - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods _____ days

Weekend periods _____ days

Holidays periods _____ days

Midweek periods _____ days

School breaks _____ days

Other periods _____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

(34) Equal Time Sharing, Unequal Incomes – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

Divide the Amount of the Result by 2 (Result ÷ 2) = _____

(35) Multiple Children, Divided Custody – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

(39) Deviation From the Guidelines Support Amount - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

Requested Support Amount: \$ _____

(40) Visitation-Related Travel Expenses - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered. (Guidelines 16)

Federal Tax Exemption - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

SUPERIOR COURT OF ARIZONA
(1) MARICOPA COUNTY

(3) _____)
Petitioner/Plaintiff, _____)
_____)
DOB _____ SSN _____)
vs. _____)
(4) _____)
Respondent/Defendant, _____)
_____)
DOB _____ SSN _____)

Case No. (2) _____

ATLAS No. _____

CHILD SUPPORT ORDER

THE COURT FINDS THAT:

1. The parties have a duty to support the following child(ren):

Name(s) Date(s) of Birth(s) Social Security Number(s)

(14) _____

2. The parties' circumstances are as follows:

FATHER

MOTHER

COMBINED

Gross Monthly Income	_____ (8)	_____	_____
Spousal Maintenance/Support Paid	_____ (9)	_____	_____
Child Support for Other Children Paid	(_____) (10)	(_____)	_____
Adjustment for Supporting Other Children	(_____) (11)	(_____)	_____

Adjusted Monthly Gross Income	_____ (12)	_____ (13)	_____
Basic Child Support Obligation		(15)	_____

Adjustments to Child Support Obligation:

Medical/Dental Insurance Premium	_____ (16)	_____
Child Care	_____ (17)	_____
Adjusted for Tax Exemption	_____ (17a)	_____
Extra Education	_____ (18)	_____
Court-ordered Visitation/Exchange	_____ (19)	_____
Extraordinary Child	_____ (20)	_____
Child(ren) 12 or Older	(21) _____	
0 - 10% _____		
Total Adjustments	(22) _____	

Total Monthly Child Support Obligation (23) _____

Each Parent's Proportionate Share of Income	_____ % (26)	_____ %
Each Parent's Support Obligation	_____ (29)	_____
Adjustment for Costs Associated with Visitation	(_____) (30)	(_____)
Using <input type="checkbox"/> Table A <input type="checkbox"/> Table B		

Medical/Dental Insurance Premium Adjustment () (31a) ()
Child Care Adjustment () (31b) ()
Extra Education Adjustment () (31c) ()
Extraordinary Child Adjustment () (31d) ()
Visitation/Exchange Adjustment () (31e) ()

Adjustments Subtotal _____ (32) _____

Preliminary Child Support Amount _____ (33) _____

Equal Time Sharing, Unequal Incomes _____ (34) _____

Multiple Children, Divided Custody _____ (35) _____

Self Support Reserve Test

Paying party's Adjusted Gross Income
from line 12 _____ (12) _____

Minus reserve (\$710) (36a) (\$710)

Minus arrears () (36b) ()

RESULT _____ (37) _____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

AMOUNT TO BE ORDERED: _____ (38) _____

3. Paying Party's employer/payor is:

Name: _____

Payroll Dept. Address: _____

4. Written Findings for Physical Custody Adjustment and/or Other Adjustments: _____

5. The court finds that the paying party has the ability to pay child support in the amount from line 38:
\$ _____

6. The court, having considered the best interests of the child(ren), deviates from the guidelines for the following reason(s):

- ☐ Application of the guidelines is inappropriate.
☐ Application of the guidelines is unjust.
☐ The parties have signed a written agreement with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

The court makes the following findings regarding the deviation:

- ☐ The child support order would have been \$ _____
- ☐ The child support order after deviation is \$ _____
- ☐ All parties have signed the agreement free of duress and coercion.
- ☐ _____.

IT IS ORDERED THAT:

- A. The ☐Petitioner ☐Respondent shall pay child support of \$ _____ per month to the other party. The first payment is due on ____/____/____. If this is a modification of child support, all other prior orders of this court not modified herein remain in full force and effect.
- B. The court finds that an arrearage exists in the amount of \$ _____ for the period of time of ____/____/____ to ____/____/____. The ☐Petitioner ☐Respondent shall pay an arrearage payment of \$ _____ per month to the other party with the first arrearage payment due on ____/____/____.
- C. All payments shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment assigned this date. At any time the paying party's employer/payor is not paying pursuant to an Order of Assignment, the paying party must make full and timely payment directly to:

Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Payments not made through the Clerk of the Court/Clearinghouse shall be considered gifts unless otherwise ordered. Payments must include the case number and the paying party's name.

IMPORTANT NOTICE: Under state law (section 25-503, subsection I, Arizona Revised Statutes) the right to collect unpaid child support payments ends three years after the last child included in the child support order *emancipates. To collect the unpaid support, the person owed child support must file a court action to obtain a written judgment for the unpaid amount due before the end of the three year period. (Limited exceptions exist and are found in A.R.S. § 25320.B.).

*A child is emancipated:

- On the date of the child's marriage.
- On the child's 18th birthday.
- When the child is adopted.
- When the child dies.
- When the support obligation is terminated by court if support is extended beyond the age of 18.

- D. Unless the court has ordered otherwise, the parties affected by this order shall notify the Clerk of the Court/Clearinghouse of their addresses and shall notify the Clerk/Clearinghouse of any change of address within ten (10) days. The paying party shall also notify the Clerk/Clearinghouse of the names and addresses of the paying party's employers or other payors and, within ten (10) days, of any changes thereof.
- E. The costs of visitation-related travel/transportation shall be shared by the parties as follows:
Father: _____ Mother: _____

F. ☐ Petitioner ☐ Respondent is responsible for providing medical and/or dental insurance for the child(ren).
☐ Petitioner ☐ Respondent shall pay _____% of any uninsured medical/dental expenses and the other party shall pay the remainder.

G. The parties shall:

☐ Exchange financial information such as copies of tax returns, earnings statements, and a Parent's Worksheet every 24 months.

☐ Exchange residential addresses and the names and addresses of their employers every 24 months.

☐ _____.

H. The court allocates the tax exemption(s) as follows:

Date

Judge or Commissioner

**THE SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

(1) _____)
Petitioner/Plaintiff)
vs) (3) Case No. _____
(2) _____) (4) Atlas No _____
Respondent/Defendant)

ORDER OF ASSIGNMENT

TO: CURRENT AND FUTURE EMPLOYERS OR OTHER PAYORS OF:

(5) Name: _____ SSN: _____

THIS ORDER MODIFIES AND REPLACES ANY PREVIOUS **"ORDER OF ASSIGNMENT"** WITH THE SAME CASE NUMBER.

You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/ Support	\$ _____
Payments on Arrears/Interest	\$ _____
Clearinghouse Handling Fee	\$ 2.25 per month*

TOTAL AMOUNT per month \$ _____ but no more than 50% of disposable earnings (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of ninety (90) continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by this **"Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

You shall not discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."

The above ATLAS number and employee's name must appear on the Transmittal Form or check. Make checks payable to - and send to:
Support Clearinghouse, PO Box 52107, Phoenix, AZ 85072-2107.

Dated this _____ day of _____, 20____.

Judicial Officer or Clerk of Superior Court

CURRENT EMPLOYER INFORMATION

You may also fill out this form online at the Family Support Center Website at:

<http://www.familysupportcenter.maricopa.gov>

THIS FORM MUST BE COMPLETED FOR:

- ☐ **AN ORDER OF ASSIGNMENT (STAPLE TO THE ORDER OF ASSIGNMENT)**
- ☐ **ORDER TO STOP AN ORDER OF ASSIGNMENT (STAPLE TO THE STOP ORDER)**
- ☐ **NOTIFICATION OF A CHANGE OF EMPLOYER**

CASE NUMBER: _____ **ATLAS NUMBER:** _____

PAYOR NAME: _____ **SSN:** _____
(PERSON TO MAKE PAYMENTS)

LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT OR STOP ORDER SHOULD BE MAILED.

CURRENT EMPLOYER NAME: _____

PAYROLL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMPLOYER TELEPHONE: _____

EMPLOYER FAX: _____

FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.

WA/FSC

WA/LOG ID:	_____
TYPE OF W/A	_____
DATE	_____
AMOUNT OF ORDER	_____
EMPLOYER STATUS	_____
ENTERED BY	_____
NEW W/A	_____
AG	_____
	SUB _____
	DCSE _____

Case No. _____

ATLAS No. _____

JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY*)

ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT. DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.

PERSON TO RECEIVE PAYMENTS:

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

PERSON TO MAKE PAYMENTS:

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS: Firm Name: _____

Payroll Mailing Address: _____

Phone: _____ Email Address: _____

CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ Additional children listed on attached sheet.

FOR COURT USE ONLY

Order Date: _____	Type of Order: _____			
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Total _____	Med Bills _____
	Thru Date _____	Due Date _____	Thru Date _____	Frequency _____
	Due Date _____		Due Date _____	Due Date _____